

Signature:

Plumbing Permit Application

22500 Salamo Rd; West Linn OR 97068; Phone: 503-742-6055 Inspection Line: 1-888-299-2821(Call by 7AM); Webportal: buildingpermits.oregon.gov



| BUILDING DIVISION | | (updated 07/21) | 77444 | 1 | |
|--------------------------------------|-----------------------------|---|---|--------|--|
| TYPE OF WORK | | | FEE* SCHEDULE For special information use checklist. | | |
| New construction | Demolition | Description Qty. | | Total | |
| Addition/alteration/replacement | Other: | New 1- 2-family dwellings (includes 100 ft. | | | |
| | F CONSTRUCTION | SFR (1) bath | 608.00 | | |
| 1- and 2-family dwelling | Commercial/industrial | SFR (2) bath | 806.00 | | |
| Accessory building | ☐ Multi-family | SFR (3) bath | 983.00 | | |
| Master builder | Other: | Each additional bath/kitchen | 106.00 | | |
| | ATION AND LOCATION | Fire sprinkler (sq. ft.) | | | |
| Job site address: | | Site utilities | | | |
| | | Catch basin, area drain or Manhole | 28.00 | | |
| City/State/ZIP: | | Drywell, leach line, or trench drain | 28.00 | | |
| Suite/bldg./apt. no.: | Project name: | Footing drain (per 100' or fraction) | 118.00 | | |
| Cross street/directions to job site: | | Manufactured home utilities | 118.00 | | |
| | | Rain drain connector | 28.00 | | |
| | | Sanitary sewer (per 100' or fraction) | 118.00 | | |
| | | Storm sewer (per 100' or fraction) | 118.00 | | |
| Subdivision: | Lot no.: | Water service (per 100' or fraction) | 118.00 | | |
| | Lot no | Interior Re:pipe (per100' or fraction) | 118.00 | | |
| Tax map/parcel no.: | ION OF WORK | Fixture or item | 28.00 | | |
| DESCRIPT | ION OF WORK | Absorption valve | 28.00 | | |
| | | Backflow preventer(Irrigation) Backwater valve | 28.00 | | |
| | | Clothes washer | 28.00 | | |
| | | Dishwasher | 28.00 | | |
| | | Drinking fountain | 28.00 | | |
| ☐ PROPERTY OWNER | ☐ TENANT | Ejectors/sump | 28.00 | | |
| Name: | | Expansion tank | 28.00 | | |
| Address: | | Fixture/sewer cap | 28.00 | | |
| | | Floor drain/floor sink/hub | 28.00 | | |
| City/State/ZIP: | T | Garbage disposal | 28.00 | | |
| Phone: () | Fax: () | Hose bib | 28.00 | | |
| ☐ APPLICANT | ☐ CONTACT PERSON | Ice maker | 28.00 | | |
| Business name: | | Interceptor/grease trap | 28.00 | | |
| Contact name: | | Medical gas (value: \$) | | | |
| Address: | | Primer | 28.00 | | |
| City/State/ZIP: | | Roof drain (commercial) | 28.00 | | |
| • | | Sink/basin/lavatory | 28.00 | | |
| Phone: () | Fax::() | Tub/shower/shower pan | 28.00 | | |
| E-mail: | | Urinal | 28.00 | | |
| CONTR | RACTOR | Water Closet | 28.00 | | |
| Business name: | | Water heater | 28.00 | | |
| Address: | | Other: | 28.00 | | |
| City/State/ZIP: | | | Subtotal | | |
| <i>√</i> | | Total # of Toilets in house: Minimum permit fee | | 155.00 | |
| | | State surcharge (12% o | * | | |
| | | | TOTAL PERMIT FEE | | |
| Phone: () | Fax: () | | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. | | |
| CCB lic.: Plg Board Lic: | PB West Linn or Metro Lic.: | | | | |
| Print name: | Date: | | | | |
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